



QUARTERLY STATEMENT
AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
McLaren Health Plan Community

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	14217	Employer's ID Number	27-2204037
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	12/23/2009		Commenced Business	02/16/2012		
Statutory Home Office	G3245 Beecher Rd. (Street and Number)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Mail Address	G3245 Beecher Rd. (Street and Number or P.O. Box)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Cheryl M. Diehl (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cheryl.diehl@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
Kathy Kendall	President
Kevin Tompkins	Chairman
Dave Mazurkiewicz	Treasurer
Don Kooy	Secretary
Carol Solomon	Assistant Treasurer
Kathleen Kudray, DO	Chief Medical Officer

OTHERS

Dennis LaForest, Enrollee Representative

Patrick Hayes, Enrollee Representative

DIRECTORS OR TRUSTEES

Kathy Kendall
Dave Mazurkiewicz
Dennis LaForest

Kevin Tompkins
Don Kooy
Patrick Hayes

State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Kathy Kendall
(Printed Name)
1.
President
(Title)

(Signature)
Dave Mazurkiewicz
(Printed Name)
2.
Treasurer/Secretary
(Title)

(Signature)
Carol Solomon
(Printed Name)
3.
Assistant Treasurer
(Title)

Subscribed and sworn to before me this
day of , 2017

- a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	1,023,537		1,023,537	1,024,967
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....29,067,897), cash equivalents (\$.....0) and short-term investments (\$.....0)	29,067,897		29,067,897	25,150,465
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets	3,344,108	2,949,449	394,659	394,659
12.	Subtotals, cash and invested assets (Lines 1 to 11)	33,435,541	2,949,449	30,486,092	26,570,092
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	6,804		6,804	3,995
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	2,074,190	76,855	1,997,334	1,363,146
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	296,294		296,294	307,254
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	4,960,362		4,960,362	4,045,345
24.	Health care (\$.....0) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	40,773,190	3,026,304	37,746,886	32,289,831
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	40,773,190	3,026,304	37,746,886	32,289,831
DETAILS OF WRITE-INS					
1101.	Accounts Receivable - Risk Adjustment	394,659		394,659	394,659
1102.	Risk Corridor Receivable	2,949,449	2,949,449		
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	3,344,108	2,949,449	394,659	394,659
2501.	.....			
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	16,051,356		16,051,356	14,339,682
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	405,848		405,848	405,848
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	198,025		198,025	201,915
8.	Premiums received in advance	2,575,607		2,575,607	1,304,915
9.	General expenses due or accrued	1,101,211		1,101,211	808,309
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable	45,446		45,446	45,446
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	2,400,038		2,400,038	1,190,289
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)	122,975		122,975	122,975
24.	Total liabilities (Lines 1 to 23)	22,900,507		22,900,507	18,419,380
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	18,000,000	18,000,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(3,153,621)	(4,129,549)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	14,846,379	13,870,451
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	37,746,886	32,289,831
DETAILS OF WRITE-INS					
2301.	Risk Adjustment Payable	122,975		122,975	122,975
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	122,975		122,975	122,975
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	X X X	85,797	18,091	167,447
2.	Net premium income (including \$.....0 non-health premium income)	X X X	29,707,053	6,446,030	61,045,463
3.	Change in unearned premium reserves and reserves for rate credits	X X X			
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X			
5.	Risk revenue	X X X			
6.	Aggregate write-ins for other health care related revenues	X X X			
7.	Aggregate write-ins for other non-health revenues	X X X			
8.	Total revenues (Lines 2 to 7)	X X X	29,707,053	6,446,030	61,045,463
Hospital and Medical:					
9.	Hospital/medical benefits		19,494,237	5,010,801	43,181,285
10.	Other professional services		326,429	32,125	488,644
11.	Outside referrals				
12.	Emergency room and out-of-area		632,156	79,391	1,338,509
13.	Prescription drugs		5,231,412	1,429,762	11,187,940
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts			1,989	
16.	Subtotal (Lines 9 to 15)		25,684,234	6,554,068	56,196,378
Less:					
17.	Net reinsurance recoveries				307,254
18.	Total hospital and medical (Lines 16 minus 17)		25,684,234	6,554,068	55,889,125
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$.....213,544 cost containment expenses		1,123,917	218,756	1,208,393
21.	General administrative expenses		1,935,684	622,614	4,803,322
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(3,890)		201,915
23.	Total underwriting deductions (Lines 18 through 22)		28,739,945	7,395,438	62,102,755
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	967,108	(949,408)	(1,057,291)
25.	Net investment income earned		(11,490)	1,118	9,890
26.	Net realized capital gains (losses) less capital gains tax of \$.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		(11,490)	1,118	9,890
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	955,618	(948,290)	(1,047,401)
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	955,618	(948,290)	(1,047,401)
DETAILS OF WRITE-INS					
0601.	.....	X X X			
0602.	.....	X X X			
0603.	.....	X X X			
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	.....	X X X			
0702.	.....	X X X			
0703.	.....	X X X			
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.	.....			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	.....			
2902.	.....			
2903.	.....			
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year	13,870,451	2,964,467	2,964,467
34.	Net income or (loss) from Line 32	955,618	(948,290)	(1,047,401)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	20,311		(3,046,615)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
44.1	Paid in			
44.2	Transferred from surplus (Stock Dividend)			
44.3	Transferred to surplus			
45.	Surplus adjustments:			
45.1	Paid in		15,000,000	15,000,000
45.2	Transferred to capital (Stock Dividend)			
45.3	Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	975,928	14,051,710	10,905,984
49.	Capital and surplus end of reporting period (Line 33 plus 48)	14,846,379	17,016,177	13,870,451
DETAILS OF WRITE-INS				
4701.	.....	.....	.....	.....
4702.	.....	.....	.....	.....
4703.	.....	.....	.....	.....
4798.	Summary of remaining write-ins for Line 47 from overflow page .....	.....	.....	.....
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	.....	.....	.....

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	30,363,867	5,307,369	60,766,219
2.	Net investment income	(12,869)	369,699	9,085
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	30,350,998	5,677,068	60,775,305
5.	Benefit and loss related payments	23,961,600	2,851,975	45,200,804
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,766,699	841,370	4,797,558
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	26,728,299	3,693,346	49,998,363
11.	Net cash from operations (Line 4 minus Line 10)	3,622,699	1,983,722	10,776,942
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			719,972
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)			719,972
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			(719,972)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock		15,000,000	15,000,000
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	294,732	(2,651,977)	(2,624,493)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	294,732	12,348,023	12,375,507
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,917,431	14,331,745	22,432,478
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	25,150,465	2,717,988	2,717,988
19.2	End of period (Line 18 plus Line 19.1)	29,067,897	17,049,733	25,150,465

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	27,073	2,031	25,042							
2. First Quarter	28,659	3,169	25,490							
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	85,797	8,918	76,879							
Total Member Ambulatory Encounters for Period:										
7. Physician	50,031	5,200	44,831							
8. Non-Physician	8,559	890	7,669							
9. Total	58,590	6,090	52,500							
10. Hospital Patient Days Incurred	1,583	256	1,327							
11. Number of Inpatient Admissions	345	59	286							
12. Health Premiums Written (a)	31,097,481	8,858,570	22,238,911							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	31,097,481	8,858,570	22,238,911							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	28,036,336	8,618,153	19,418,182							
18. Amount Incurred for Provision of Health Care Services	25,684,234	3,555,485	22,128,749							

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
EW SPARROW HOSPITAL	309,972					309,972
BARBARA ANN KARMANOS	128,618					128,618
MCLAREN REGIONAL MEDICAL CENTER	52,537					52,537
UNIVERSITY OF MICHIGAN	51,486					51,486
HENRY FORD HOSPITAL		45,057				45,057
RED CEDAR SURGERY CENTER	22,950					22,950
RAMPERSAUD		12,150				12,150
DMC CHILDRENS HOSPITAL	11,599					11,599
HURLEY MEDICAL CENTER	11,317					11,317
0199999 Individually Listed Claims Unpaid	588,479	57,207				645,686
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	7,254,195	918,475	3,653	3,035	19,194	8,198,552
0499999 Subtotals	7,842,674	975,682	3,653	3,035	19,194	8,844,238
0599999 Unreported claims and other claim reserves						7,207,118
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						16,051,356
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical)	11,735,564	12,240,886	1,428,921	14,820,460	13,164,485	14,541,597
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	11,735,564	12,240,886	1,428,921	14,820,460	13,164,485	14,541,597
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	11,735,564	12,240,886	1,428,921	14,820,460	13,164,485	14,541,597

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

The accompanying statutory financial statements of McLaren Health Plan Community (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending March 31, 2017 and December 31, 2016 is as follows:

	Description	SSAP #	F/S Page	F/S Line #	State of Domicile	2017	2016
Net Income							
	1 State Basis	XXX	XXX	XXX	MI	955,618	(1,047,401)
	2 State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
	3 State Permitted Practices that increase/(decrease) NAIC SAP					-	-
	4 NAIC SAP	XXX	XXX	XXX	MI	955,618	(1,047,401)
Surplus							
	5 State Basis	XXX	XXX	XXX	MI	14,846,379	13,870,451
	6 State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
	7 State Permitted Practices that increase/(decrease) NAIC SAP					-	-
	8 NAIC SAP	XXX	XXX	XXX	MI	14,846,379	13,870,451

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill

No change

4. Discontinued Operations

No change

5. Investments

No change

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Investments

No change

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. No change
- B. No change
- C. No change
- D. Due from Affiliate: \$4,960,362 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Notes to Financial Statement

Due to Affiliate: \$2,400,038 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.

- E. Guarantees and undertakings: No change
- F. Management Agreements between:
 - (1) McLaren Health Plan (MHP) and McLaren Health Plan Community (MHP Community) and: MHP agrees to provide Leased Employees to perform certain operational, personnel services and other resources to MHP Community. Amount for January – March 2017 = \$1,175,439.
- G. No change
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change
- N. No change

- 11. Debt
No change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No change
- 13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations
No change
- 14. Contingencies
No change
- 15. Leases
No change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No change
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No change
- 20. Fair Value Measurements
 - A. Fair Value Measurements: N/A
 - B. Other Fair Value Measurements: N/A
 - C. Fair Value of Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 1,010,954	\$ 1,023,537		\$ 1,023,537		

Notes to Financial Statement

21. Other Items
 No change
22. Events Subsequent
 No change
23. Reinsurance
 No change
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? Yes

Notes to Financial Statement

2.

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA			
			AMOUNT
Permanent ACA Risk Adjustment Program			
	Assets		
		Premium adjustments receivable due to ACA Risk Adjustment	\$ -
	Liabilities		
		Risk adjustment user fees payable for ACA Risk Adjustment	\$ -
		Premium adjustments payable due to ACA Risk Adjustment	\$ 122,975.16
	Operations (Revenue & Expense)		
		Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (122,975.16)
		Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ -
Transitional ACA Reinsurance Program			
	Assets		
		Amounts recoverable for claims paid due to ACA Reinsurance	\$ 300,329.72
		Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
		Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
	Liabilities		
		Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium	\$ -
		Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 12,641.40
		Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (Revenue & Expense)		
		Ceded reinsurance premiums due to ACA Reinsurance	\$ 12,641.40
		Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 300,329.72
		ACA Reinsurance contributions - not reported as ceded premium	\$ -
Temporary ACA Risk Corridors Program			
	Assets		
		Accrued retrospective premium due to ACA Risk Corridors	\$ 2,949,448.50
	Liabilities		
		Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
	Operations (Revenue & Expense)		
		Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
		Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

Notes to Financial Statement

3.

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
								Ref	To Prior Year Balances	To Prior Year Balances		
						Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)				Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
		1	2	3	4	5	6		7	8	9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
Permanent ACA Risk Adjustment Program												
	Premium adjustments receivable	\$ 394,658.94				\$ 394,658.94	\$ -			A	\$ 394,658.94	\$ -
	Premium adjustments (payable)		\$ (122,975.16)	\$ -		\$ -	\$ (122,975.16)	\$ -	\$ -	B	\$ -	\$ (122,975)
	Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ (122,975.16)	\$ -	\$ -	\$ -	\$ (122,975.16)	\$ -	\$ -		\$ -	\$ (122,975)
Transitional ACA Reinsurance Program												
	Amounts recoverable for claims paid	\$ 300,329.72		\$ -		\$ 300,329.72	\$ -	\$ -		C	\$ 300,329.72	\$ -
	Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
	Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium											
		\$ -		\$ -		\$ -	\$ -			F	\$ -	\$ -
	Ceded reinsurance premiums payable		\$ -		\$ -	\$ -	\$ -		\$ -	G	\$ -	\$ -
	Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
	Subtotal ACA Transitional Reinsurance Program	\$ 300,329.72	\$ -	\$ -	\$ -	\$ 300,329.72	\$ -	\$ -	\$ -		\$ 300,329.72	\$ -
Temporary ACA Risk Corridors Program												
	Accrued retrospective premium	\$ 2,949,449.00	\$ -	\$ -		\$ 2,949,449.00	\$ -	\$ -	\$ -	I	\$ 2,949,449.00	\$ -
	Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
	Subtotal ACA Risk Corridors Program	\$ 2,949,449.00	\$ -	\$ -	\$ -	\$ 2,949,449.00	\$ -	\$ -	\$ -		\$ 2,949,449.00	\$ -
Total for ACA Risk Sharing Provisions		\$ 3,249,778.72	\$ (122,975.16)	\$ -	\$ -	\$ 3,249,778.72	\$ (122,975.16)	\$ -	\$ -		\$ 3,249,778.72	\$ (122,975)

4.

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2015											
1. Accrued retrospective premium					\$ -	\$ -					
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
b. 2016											
1. Accrued retrospective premium	\$ 2,949,449	\$ -	\$ -		\$ 2,949,449	\$ -	\$ -	\$ -		\$ 2,949,449	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
c. 2017											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
d. Total for Risk Corridors	\$ 2,949,449	\$ -	\$ -	\$ -	\$ 2,949,449	\$ -	\$ -	\$ -	\$ -	\$ 2,949,449	\$ -

5.

Risk Corridors Program Year	Estimated Amount to be Filed or Final amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions)	Non-Admitted Amount	Net Admitted Asset
2015	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2016	\$ 2,949,449	\$ -	\$ -	\$ 2,949,449	\$ -	\$ 2,949,449
2017	\$ -	\$ -	\$ -	\$ -		\$ -
Total	\$ 2,949,449	\$ -	\$ -	\$ 2,949,449	\$ -	\$ 2,949,449

25. Change in Incurred Claims and Claim Adjustment Expenses
No change
26. Intercompany Pooling Arrangements
No change
27. Structured Settlements
No change

Notes to Financial Statement

28. Health Care Receivables
A.

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	03/31/17			-	-	-	-
01	12/31/16			-	-	-	-
01	09/30/16			208,497	-	-	208,497
01	06/30/16			48	-	-	48
01	03/31/16			(6)	-	-	(6)

B. Risk Sharing Receivables – No Change

29. Participating Policies
No change

30. Premium Deficiency Reserves
No change

31. Anticipated Salvage and Subrogation
No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2015
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

03/21/2017
- 6.4 By what department or departments?

Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 4,960,362

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[X] No[]
- 11.2 If yes, give full and complete information relating thereto:

Bonds are held by the State of Michigan Treasury in a safekeeping account as required by the Department of Insurance & Financial Services
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes[] No[X]
Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ 0
\$ 0
\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA	1111 Polaris Parkway, Columbus OH 43240

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Yes[] No[X]
Yes[] No[X]

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

18.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	86.460%
1.2 A&H cost containment percent	0.720%
1.3 A&H expense percent excluding cost containment expenses	9.580%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Affiliates								
11835	04-1590940 .....	..... 01/01/2017	PARTNERRE AMER INS CO	DE .....	..... SSL/L/I	Authorized .....	..... 1	08/03/2015

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only						
			2	3	4	5	6	7	8
State, Etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7
1.	Alabama (AL)	N							
2.	Alaska (AK)	N							
3.	Arizona (AZ)	N							
4.	Arkansas (AR)	N							
5.	California (CA)	N							
6.	Colorado (CO)	N							
7.	Connecticut (CT)	N							
8.	Delaware (DE)	N							
9.	District of Columbia (DC)	N							
10.	Florida (FL)	N							
11.	Georgia (GA)	N							
12.	Hawaii (HI)	N							
13.	Idaho (ID)	N							
14.	Illinois (IL)	N							
15.	Indiana (IN)	N							
16.	Iowa (IA)	N							
17.	Kansas (KS)	N							
18.	Kentucky (KY)	N							
19.	Louisiana (LA)	N							
20.	Maine (ME)	N							
21.	Maryland (MD)	N							
22.	Massachusetts (MA)	N							
23.	Michigan (MI)	L	30,220,119						30,220,119
24.	Minnesota (MN)	N							
25.	Mississippi (MS)	N							
26.	Missouri (MO)	N							
27.	Montana (MT)	N							
28.	Nebraska (NE)	N							
29.	Nevada (NV)	N							
30.	New Hampshire (NH)	N							
31.	New Jersey (NJ)	N							
32.	New Mexico (NM)	N							
33.	New York (NY)	N							
34.	North Carolina (NC)	N							
35.	North Dakota (ND)	N							
36.	Ohio (OH)	N							
37.	Oklahoma (OK)	N							
38.	Oregon (OR)	N							
39.	Pennsylvania (PA)	N							
40.	Rhode Island (RI)	N							
41.	South Carolina (SC)	N							
42.	South Dakota (SD)	N							
43.	Tennessee (TN)	N							
44.	Texas (TX)	N							
45.	Utah (UT)	N							
46.	Vermont (VT)	N							
47.	Virginia (VA)	N							
48.	Washington (WA)	N							
49.	West Virginia (WV)	N							
50.	Wisconsin (WI)	N							
51.	Wyoming (WY)	N							
52.	American Samoa (AS)	N							
53.	Guam (GU)	N							
54.	Puerto Rico (PR)	N							
55.	U.S. Virgin Islands (VI)	N							
56.	Northern Mariana Islands (MP)	N							
57.	Canada (CAN)	N							
58.	Aggregate other alien (OT)	X X X							
59.	Subtotal	X X X	30,220,119						30,220,119
60.	Reporting entity contributions for Employee Benefit Plans	X X X							
61.	Total (Direct Business)	(a) 1	30,220,119						30,220,119

DETAILS OF WRITE-INS

58001.	X X X							
58002.	X X X							
58003.	X X X							
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X							
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X							

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

McLaren Health Care Corporation



Q15

McLaren Health Care 38-2397643 (MI) 100%	McLaren Greater Lansing 38-1434090 (MI) 100%	McLaren Northern MI 38-2146751 (MI) 100%	McLaren Bay Region 38-1976271 (MI) 100%	McLaren Central MI 38-1420304 (MI) 100%	McLaren Macomb 38-1218516 (MI) 100%	McLaren Oakland 38-1428164 (MI) 100%	McLaren Flint 38-2383119 (MI) 100%	McLaren Lapeer 38-2689033 (MI) 100%	Karmanos Cancer Institute 38-1613280 (MI) 100%	McLaren Port Huron 38-1369611 (MI) 100%	McLaren Medical Group 38-2988086 (MI) 100%	McLaren Homecare Group 38-3491714 (MI) 100%	McLaren Health Plan 38-3252216 (MI) 100% Group Code: 4700 NAIC: 95562
McLaren HC Village 26-2693350 (MI) 100%	McLaren Lansing Foundation 38-2463637 (MI) 100%	McLaren Northern MI Foundation 38-2445611 (MI) 100%	McLaren Bay Special Care 38-3161753 (MI) 100%	Meridian Ventures 38-3226022 (MI) 100%	McLaren Macomb Foundation 38-2578873 (MI) 100%	McLaren Riley Foundation 20-0442217 (MI) 100%	McLaren Flint Foundation 38-1358053 (MI) 100%	McLaren Lapeer Foundation 38-2689603 (MI) 100%	Karmanos Cancer Center 20-1649466 (MI) 100%	McLaren Port Huron Foundation 38-2777750 (MI) 100%	Mid-MI Physicians 38-3267121 (MI) 100%	Hospice and Homecare Foundation 46-3643089 (MI) 100%	McLaren Health Advantage 91-214720 (MI) 100%
Great Lakes Cancer Institute 38-3584572 (MI) 100%		VitalCare, Inc. 38-2527255 (MI) 100%	McLaren Bay Medical Foundation 38-2156534 (MI) 100%			McLaren Physician Partners 38-3136458 (MI) 100%	McLaren Hospitality House 45-5567669 (MI) 100%		Michigan Cancer Society 38-2823451 (MI) 100%	Marwood Manor Nursing 38-2683251 (MI) 100%			McLaren Health Plan Community 27-2204037 (MI) 100% Group Code: 4700 NAIC: 14217
		NMI Medical Management 20-8458840 (MI) 100%				Hospital Health Care 38-2643070 (MI) 100%			Delphinus Investments Inc. 45-4758176 (MI) 100%	Parkview Property Management 38-2467310 (MI) 100%			
		NMI Hematology/Oncology 32-0020293 (MI) 100%								Willow Enterprises 38-2491659 (MI) 100%			
		Cardiac Institute 26-2774689 (MI) 100%											
		Charlevoix Nursing Home 38-3038683 (MI) 100%										McLaren Insurance Company LTD. (CYM) 100%	
		Rapin & Rapin Prescription Services Pharmacy 38-3465261 (MI) 100%											

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
916		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q16.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4700	McLaren Health Plan	00000	38-2689033				Lapeer Regional Medical Center DBA						McLaren Health Care		
		00000	38-2689603				McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
							McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA			McLaren Health Care		
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA						McLaren Health Care		
							McLaren Homecare Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA			McLaren Health Care		
										McLaren Homecare Group	Ownership	100.0	Corporation	N	
		95562	38-3252216				McLaren Health Plan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		14217	27-2204037				McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000	91-2141720				Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care		
													Corporation	N	
		00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care	N	
													Corporation		

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2017** OF THE **McLaren Health Plan Community**
SCHEDULE A - VERIFICATION

Real Estate

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points		
9.	Total foreign exchange change in book value/recorded investment		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition		
2.2	Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,024,967	308,708
2.	Cost of bonds and stocks acquired		719,972
3.	Accrual of discount	77	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	1,508	3,713
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,023,537	1,024,967
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,023,537	1,024,967

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SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,024,967			(1,430)	1,023,537			1,024,967
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	1,024,967			(1,430)	1,023,537			1,024,967
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,024,967			(1,430)	1,023,537			1,024,967

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D Section 1	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E11	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
open depositories										
JP Morgan Chase	Flint MI	03/31/2017					23,666,746	21,999,775	29,067,897	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	... X X X ..						X X X
0199999 Totals - Open Depositories			X X X	... X X X ..			23,666,746	21,999,775	29,067,897	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories										
			X X X	... X X X ..						X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..						X X X
0399999 Total Cash On Deposit			X X X	... X X X ..			23,666,746	21,999,775	29,067,897	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	X X X	X X X				X X X
0599999 Total Cash			X X X	... X X X ..			23,666,746	21,999,775	29,067,897	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<div>NONE</div>							
8699999 Total - Cash Equivalents

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